

M E M O R A N D U M

TO: Kathleen Allen, Administrator
Ethics Administration

FROM: Robin Gremillion, Director
Disclosure Division

DATE: January 22, 2016

DOCKET: 2016.062

RE: ELBOURNE M.D., KEITH BRIAN
Tier 2.1 Annual Personal Financial Disclosure Statement covering 2013
Lane Memorial Regional Medical Center (Hospital Service District #1)
Late Fee: \$1500
WAIVER REQUEST

Dr. Keith Elbourne has served as a member of the Lane Memorial Regional Medical Center (Hospital Service District #1) Board since 2010. His term will expire in 2020. Dr. Elbourne has filed five disclosure statements and/or amendments with this agency.

On December 23, 2015, Dr. Elbourne timely requested a waiver of late fees related to the above referenced disclosure statement. He stated that the late filing was an oversight and because he has had no other late filings, he requests that the late fee be waived. The chronology follows:

Tier 2.1 Annual Personal Financial Disclosure Statement covering 2013

- Original PFD due date: May 15, 2014
- NOD-FF Received: January 30, 2015
- PFD due date based on receipt of NOD: February 10, 2015
- PFD filed: September 8, 2015
- Days late from receipt of NOD: 210
- Total days late from initial due date: 482
- Late Fee Order Received: December 17, 2015
- Payment or waiver request due date: January 6, 2016
- Waiver request received: December 23, 2015

Other PFD Late Fees: No

Other CF Late Fees: No

Other Outstanding Disclosures: No

Prior Disclosure Late Fees: No

Reassessed Late Fees: No



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS

P.O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.state.la.us

CERTIFIED MAIL

NO. 70142120000151624260

RETURN RECEIPT REQUESTED

January 28, 2015

Keith Brian Elbourne
6550 Main Street Ste. 2000
Zachary, LA 70810

NOTICE OF DELINQUENCY - FAILURE TO FILE

Statement covering 2013

Board of Commissioners Lane Regional Medical Center

Pursuant to La. R.S. 42:1124.4, if a person fails to file a Personal Financial Disclosure Statement as required by 42:1124, 1124.2, 1124.2.1, or 1124.3; omits information; or files inaccurately, a Notice of Delinquency shall be issued. A review of our records indicates that we have not received your Personal Financial Disclosure Statement covering 2013.

You have 7 business days from the date of receipt of this Notice to file your Tier 2.1 Personal Financial Disclosure Statement covering 2013, or to submit an Answer explaining why you feel you are not required to file a Personal Financial Disclosure Statement. Failure to file a Personal Financial Disclosure Statement or an Answer within the 7 business days will subject you to an automatic late fee of \$50 per day up to a maximum of \$1,500. Proof of timely filing is determined by the U.S. Postal Service postmark; receipt from the U.S. Postal Service; or receipt from a commercial delivery service.

The form for the Tier 2.1 Personal Financial Disclosure Statement (Form 417) is available on the Louisiana Board of Ethics website at www.ethics.state.la.us. If you have any questions, you may contact a Disclosure Division employee at 225/219-5600 or 800/842-6630.

AN EQUAL OPPORTUNITY

SENDER: COMPLETE THIS SECTION

- Complete item 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return it to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Keith Brian Elbourne
6550 Main Street Ste. 2000
Zachary, LA 70810



2. Article Number

(Transfer from service label)

7014 2120 0001 5162 4260

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Elbourne

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Elbourne

C. Date of Delivery

1-30-15

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

SEP/08/2015/TUE 04:01 PM

Bayou Regional Women

FAX No. 225 658 1304

P. 002/003

AUG/14/2015/FRI 11:28 AM

Bayou Regional Women

FAX No. 225 658 1304

P. 002

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

This Report Covers Calendar Year: 2013

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.

As such, I have completed SCHEDULE D.

Name of Filer (print full name): KEITH B. ELBOURNE

Mailing Address: 2444 SOUTH TURNBERRY AVE

City, State, Zip: ZACHARY, LA 70791

Name of Board/Commission (no abbreviations):

BORAD OF COMMISSION/LANE REGIONAL MEDICAL CENTER

Date of Appointment: 2010

Date Appointment Expires: 2020

Name of Spouse (print full name): WENDY D. ELBOURNE

Spouse's Occupation: TEACHER

Principal Business Address: SILLMAN

City, State, Zip: CLINTON, LA

CHECK ONE:

☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.

☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

Check all that apply:

☒ I have filed my state income tax return for the previous year.

☐ I have filed for an extension of my state income tax return for the previous year.

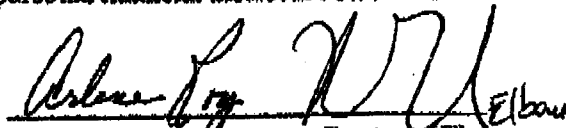
☒ I have filed my federal income tax return for the previous year.

☐ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.



Signature of Filer

Fax Received 04/14/2015 09:00-08
www.ethics.la.gov



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS

P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.state.la.us

CERTIFIED MAIL**NO. 70151520000288905308****RETURN RECEIPT REQUESTED**

December 11, 2015

Keith Brian Elbourne
2444 South Turnberry Avenue
Zachary, LA 70791

RE: Tier 2.1 Annual Personal Financial Disclosure Statement for calendar year 2013
Hospital Service District #1 d/b/a Lane Memorial Regional Medical Center
Late Fee Assessment – Report: PFD15011522

Dear Mr. Elbourne:

Enclosed is an assessment of a late fee pursuant to La. R.S. 42:1124.4. Please submit a check or money order in the amount of \$1,500 payable to the *Louisiana State Treasurer*, Post Office Box 4368, Baton Rouge, Louisiana 70821.

You have 20 days from the receipt of this letter to submit payment or dispute this assessment. To dispute the assessment, you may elect to:

• **Request a waiver to the Board of Ethics**

If you choose to request a waiver of the late fee, your request should include specific details, along with supporting documentation, as to why, in your opinion, you have *good cause* for not timely filing the report and why the late fee should be reduced, suspended, or waived. The request should be submitted to the attention of: *Louisiana Board of Ethics*, Post Office Box 4368, Baton Rouge, Louisiana 70821. You may also fax the request to 225/381-7271. Also, if you would like to appear before the Board of Ethics in connection with your request, you should state that in your request. If you request an appearance, you will be notified of the place and time prior to the meeting.

• **Appeal the assessment directly to the Ethics Adjudicatory Board**

If you choose to appeal the assessment of the late fee, the proceedings will go before a three judge panel of administrative law judges. The panel will determine if you were required to file the disclosure statement and whether the disclosure statement was filed late. Mitigating factors are not considered. The Ethics Adjudicatory Board does not have the authority to reduce, suspend, or waive a late fee assessment. If you choose to *appeal* the assessment, you should submit your request to the attention of: *Executive Secretary*, Ethics Administration, Post Office Box 4368, Baton Rouge, Louisiana 70821. You may also fax the request to 225/381-7271.

If you do not pay, dispute, or appeal the assessment of the late fee, the matter will be forwarded to the Attorney General's Office to pursue collection. If the matter is forwarded to the Attorney General's Office for collection, you may be responsible for all additional costs incurred. Additionally, late fees not paid by the due date will be posted on the agency website.

You should be aware that unpaid fines, fees, or penalties may have an adverse effect on your ability to run for public office, as the *Board of Ethics* will object to your candidacy in future elections pursuant to La. R.S. 18:491 and 18:492.

If you have any questions, you may contact Robin Gremillion at 225/219-5600 or 1-800-842-6630.

Sincerely,

Donna Bourgeois
Administrative Coordinator

**STATE OF LOUISIANA
BOARD OF ETHICS**

**In Re: Tier 2.1 Annual Personal Financial Disclosure Statement 2013
Hospital Service District #1 d/b/a Lane Memorial Regional Medical
Center
Late Fee Assessment – Report: PFD15011522**

ORDER

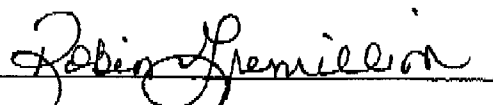
KEITH BRIAN ELBOURNE was required to file a Tier 2.1 Annual Personal Financial Disclosure Statement for calendar year 2013 pursuant to La. R.S. 42:1124 et seq.

On January 30, 2015, KEITH BRIAN ELBOURNE received a Notice of Delinquency for failing to file the disclosure statement. The notice required that the disclosure statement be filed by February 10, 2015 (pursuant to La. R.S. 42:1124.4). KEITH BRIAN ELBOURNE filed the Tier 2.1 Annual Personal Financial Disclosure Statement for calendar year 2013 on September 8, 2015 and was 210 days late.

La. R.S. 42:1124.4 authorizes the assessment of a \$50 late fee per day (not to exceed \$1,500) against KEITH BRIAN ELBOURNE for this late filing.

Accordingly, **IT IS ORDERED** that a late fee of \$1,500 be assessed against KEITH BRIAN ELBOURNE for failing to timely file the Tier 2.1 Annual Personal Financial Disclosure Statement for calendar year 2013.

ORDER signed on the 11th day of December 2015 at Baton Rouge, Louisiana.



Robin Gremillion, Director
Disclosure Division

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Keith Brian Elbourne
2444 South Turnberry Ave.
Zachary, LA 70791



5308

5223 0532 50

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Keith Elbourne

C. Date of Delivery

12-17-15

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

6550 Main St.
Ste. 2000
Zachary, LA 70791

Phone: 225-658-1303
Fax: 225-658-1304

Keith B. Elbourne, M.D.

Louisiana Board of Ethics,

We are asking for our late fee to be waived. We file every year; missing 2013 filing was an oversight. When we were made aware of the missed filing it was taken care of it immediately. I have attached the late filing papers along with this letter. I do serve on the Board at Lane Regional Medical Center and I am compensated \$25.00 a month to do so. I am a single practice physician and the late fee would be costly. So, I hope you understand this was an oversight and will waive this fee.

With deep Appreciation
Sincerely,



Keith Elbourne, M.D.

2015 DEC 23 AM 10:28

TRANSACTION REPORT

SEP/08/2015/TUE 04:02 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	SEP/08	04:01PM	3817271	0:01:14	3	MEMORY OK	G3 1390

6550 Main Street, Suite 2000
Zachary, LA 70791
(225) 658-1303
(225) 658-1304

**Bayou Regional
Women's Clinic, LLC**

Fax

To: *Rebecca Harris* From: *Arline Ray*
Fax: *225-381-7271* Pages: *3*
Phone: Date: *9/8/2015*
Re: *Dr. Elbourne* CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

6550 Main Street, Suite 2000
Zachary, LA 70791
(225) 658-1303
(225) 658-1304

**Bayou Regional
Women's Clinic, LLC**

Fax

To: <i>Rebecca Harris</i>	From: <i>Arline Ray</i>
Fax: <i>225-381-7271</i>	Pages: <i>3</i>
Phone:	Date: <i>9/8/2015</i>
Re: <i>Dr. Elbourne</i>	CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)This Report Covers Calendar Year: 2013☒ ORIGINAL REPORT☐ AMENDED REPORT☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.

As such, I have completed SCHEDULE D.

Name of Filer (print full name): KEITH B. ELBOURNEMailing Address: 2444 SOUTH TURNBERRY AVECity, State, Zip: ZACHARY, LA 70791

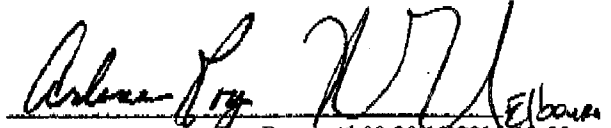
Name of Board/Commission (no abbreviations):

BORAD OF COMMISSION/LANE REGIONAL MEDICAL CENTERDate of Appointment: 2010Date Appointment Expires: 2020Name of Spouse (print full name): WENDY D. ELBOURNESpouse's Occupation: TEACHERPrincipal Business Address: SILLMANCity, State, Zip: CLINTON, LA**CHECK ONE:**☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.**Check all that apply:**☒ I have filed my state income tax return for the previous year.☐ I have filed for an extension of my state income tax return for the previous year.☒ I have filed my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.



Fax Received 10:11:04 2015-08-14

2015 DEC 23 AM 10:23

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule A: Employment Information☒ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Bayou Regional Women's Clinic</u>	
Job Title: <u>M.D.</u>	
Job Description: <u>Physician</u>	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Sillman Private</u>	
Job Title: <u>Teacher</u>	
Job Description: <u>Teacher</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	

- You are required to disclose employment information related to both you and your spouse (if applicable).
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.
- Self-employment information is reported on Schedule B.

**Bayou Regional
Women's Clinic**

4000 Highway 101, Bayou Regional Medical Center

6550 Main Street, Suite 2000
Zachary, Louisiana 70791
(225) 658-1303 TELEPHONE
(225) 658-1304 FAX

Fax

To: Louisiana Board of Ethics From: Keith B. Elbourne M.D.
Fax: 225-381-7271 Pages: 10
Phone: _____ Date: 12/23/2015
Re: _____ cc: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

bettyz

StroomCenter Fax

12-23-2015 /10:17

XEROX®